OCT 0 3 2006



CINCINNATI TECHNOLOGY CENTER 6285 TRI-RIDGE BOULEVARD LOVELAND OH 45140

T 513 248 6000 F 513 248 6455

CONFIDENTIAL FACSIMILE TRANSMISSI	ON							
To: Commissioner for Patents								
Fax: 571-273-8300								
Tel:	Our File Ref.: ARZ-034635-US							
Date: October 3,2006	Your File Ref.: 10/742,12/							
RE: OFFICE Action	No. of Pages: (Including this cover sheet)							
URGENT CONFIRMATION COPY FOLLOWS BY: NO COPY FIRST-CLASS U.S. MAIL FOLLOWS FOR YOUR INFORMATION OVERNIGHT MAIL INTERNATIONAL MAIL								
In response to the Office Action dated 5/2/66, please find the following checked items:  Cover letter, 1 sheet(s);								
Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, sheet(s);								
Fee Transmittal, Form PTO/SB/17, sheet(s);								
Response to Office Action (including attachments, if any), 13 sheet(s) total;								
Other:								
Other:								
Thank you.  Certificate of Transmission Under 37 C.  The intersigned hereby certifies that a true and accurate copy of the flame checked above are being transmission to the facsimile number indicated above, on this the Scot day of October	F.R. 1.8  Parallitod to the Hanorable Commissioner for Patents, by facsimile  20 6 6							

This facsimile transmission may contain confidential and/or legally privileged information from the law department of International Paper Company which is intended only for the use of the Individual(s) named above. If you are not the Intended recipient, you are hereby notified that any disclosure, copying or distribution of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by phoning (513) 248-6207 so that we can arrange for the return of the documents. Thank you.

# 2/ 18

OCT 0 3 2006



THOMAS W. BARNES, Ph.D PATENT AGENT INTELLECTUAL PROPERTY

CINCINNATI TECHNOLOGY CENTER 6285 TRI-RIDGE BOULEVARD LOVELAND OH 45140

T 513.248.6736

	F 513.248.6455 thomas.bames@ipaper.com								
SENT	M								
Octobe	er 3, 2006								
United Post C	issioner for Patents States Patent and Trademark Office Office Box 1450 ndria, Virginia 22313-1450								
RE:	SUBMISSION OF RESPONSE TO OFFICE ACTION Applicant(s): MARK S. PAVLIN Serial No.: 10/742,121 Filed on: DECEMBER 19, 2003 Title: JET PRINTING INKS CONTAINING POLYMERIZED FATTY ACID-BASED POLYAMIDES Our Ref.: ARZ-024635-US								
Dear C	commissioner:								
Enclos	ed herewith for filing, Applicant(s) respectfully submit(s) the following checked items:								
×	Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, 2 sheet(s);								
×	Fee Transmittal, Form PTO/SB/17,1_ sheet(s);								
×	Response to Office Action (including attachments, if any), 13 sheet(s) total;								
	Other:;								
	Other:;								
	Postage-prepaid return-receipt postcard for your use in stamping to indicate receipt of the above-listed items.								
Please listed it enclose	stamp the enclosed postcard and return same to me to indicate your receipt of the above- ems. Please feel free to contact me if you have any questions concerning the above or the ed.								
Thoma Agent f	Certification of Mailing or Transmission Under 37 C.F.R. 1.8  The undersigned hereby certifies that a true and accurate copy of the within "Response to Office Action", together with all attachments referred-to herein, is being transmitted to the Honorable Commissioner for Patents, either by first-class mail, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsimile number indicated hereon, on this the								
Enclosi TWB/ ja									

## RECEIVED CENTRAL FAX CENTER :513 248 6455

OCT 0 3 2006

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperw	ork Reduction Act o	f 1995 no p	ersons are required	to respond to a	collection of info	mation un	less it disp	lays a valid OMB control number				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known							
FEE TRANSMITTAL			Annfiresti	on Number	10/742							
			Filing Da	te	DECEMBER 19, 2003							
For FY 2006				First Nan	ned Inventor	MARK S. PAVLIN						
Applicant claims small entity status. See 37 CFR 1.27					r Name	LAURA E. MARTIN						
		Art Unit		2853								
TOTAL AMOUNT	OF PAYMENT	(\$)	350.00	Attorney	Docket No.	ARZ-02	24635-U	S				
METHOD OF PAYMENT (check all that apply)												
Check _	Check Credit Card Money Order None Other (please identify);											
Deposit Ac												
, <del></del> -	Deposit Account Deposit Account Number: 09-0525  Deposit Account Name: INT'L PAPER COMPANY  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)											
· —	rge fee(s) Indicate		•					except for the filing fee				
- IZI Cha	Charmo any additional facts) or undergo monte of facts											
under 37 CFR 1 16 and 1 17												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULA	TION (All the f	ees belo	w are due upon	filing or ma	y be subjec	t to a s	urcharg	e.)				
1. BASIC FILING	G, SEARCH, AI	ND EXAM	MINATION FEES	3		-						
	FILI	NG FEES Small		ARCH FEES			N FEES	<b>;</b>				
Application Ty	pe Fee (	\$) Fee		<u>Small En</u> (\$) Fee (\$			ILEntity e (\$)	Fees Paid (\$)				
Utility	300	150	500		200		00					
Design	200	100	100	50	130	)	65					
Plant	200	100	300	150	160	1	80					
Reissue	300	150	500	250	600	3	00					
Provisional	200	100	•	0	0		0					
2. EXCESS CL/ Fee Description							Fee (\$)	Small Entity Fee (3)				
	rer 20 (includin	g Reissue	es)			•	50	25				
	dent claim over	3 (includ	ling Reissues)				200	100				
Multiple depe			- 44				360	180				
Total Claims	orHP= 7			ee Paid (\$) 350.00		Multiple Dependent Claims						
	er of total claims pa			350.00			Fee (\$)	Fee Paid (\$)				
<u>indep. Cialms</u>	Extra C			ee Paid (\$)		-						
HP = htghest numb	r HP = er of independent d	aims paid fo	r, if greater than 3.									
3. APPLICATION		rs evceed	100 cheets of n	aner (evolud	ina alaatrani	aaliss <del>S</del> il	od gogys					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fra	ction thereof. S	See 35 U.	S.C. 41(a)(1)(G	) and 37 CFI	R 1.16(s).							
<u>iotal Sneets</u>	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S	4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):												
Signature Registration No. 52,595 Telephone 513-248-6736												
Signature		111	52561	(Attorney/Ager	52,595		Telepho	ne 513-248-6736				
Name (Print/Type) Tr	IOMAS W. BARN	ES, III					Date 10	/3/2006				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.